Drug and Therapeutics Committee – Minutes – Confirmed

Date / Time	Thursday 11th March 2021 8:15am – 9:30am
Venue	Webex
Chair	Prof A Morice, Chair, Professor of Respiratory Medicine
Notes / Action Points	Mrs W Hornsby, Senior Pharmacy Technician
Quorate: Yes / No	Yes
Attendance	Mr P O'Brien, Deputy Chief Pharmacist Dr S Raise, GP ER CCG Mr K McCorry, Medicines Optimisation Pharmacist, NECS Dr B Ali, GP Hull CCG Ms J Morgan, Professional Secretary, Principal Pharmacist – Formulary Dr O Ogunbambi, Consultant Rheumatologist Prof M Lind, Vice Chair, Professor of Oncology Mr A Dawood, Consultant Anaesthetist Mr D Corral, Chief Pharmacist, Clinical Director Therapy & Therapeutics Mr R Kapur, Vascular Surgeon, HUTH (until 9am)
Apologies	Dr H Klonin, Consultant Paediatrician

Agenda No	Item	Discussion	Decision Made	Action	Lead	Due Date	Progress /Date Closed
2021.03.01	**Apologies**	As above					
2021.03.02	**Declarations of Interest**	AM had been in contact with manufacturers of several of the inhalers on the agenda for discussion.	Noted	No further action			03/21
2021.03.03	**Minutes of the previous meeting**	Approved with spelling corrections on section 6	WH to amend minutes			04/21	
2021.03.04	**Action Tracker**	**NICE Guidance** TA651 Naldemedine for treating opioid induced constipation – JM to request application	Ongoing			11/20	
		New Product Request Upadacitinib – KMc said that both Hull and ER commissioners have approved	Action complete				3/21
		New Product Request AM has thoroughly reviewed all five papers used to support the application for levosimendan. Only one paper used a randomised control trial this was Mehta and was published in the NEJM the paper looked at 882 patients and demonstrated no difference between placebo and control there was no evidence to demonstrate increased oxygen levels in the heart, therefore AM proposed the application be rejected and the committee agreed. POB asked what should be done next time the oncall pharmacist was requested to supply levosimendan to cardiothoracics in an emergency and it was agreed to give clear instruction to all on call pharmacists no to procure and AM would write to the applicants with the committees decision.	Action complete	New Action: AM to write to applicant POB to inform on call pharmacists of situation		4/21 4/21	
		New Product Requests AM has written to applicants	Action complete				3/21
		New Product Requests AM has written to endocrinology and requested T2DM pathway be simplified	Action complete				3/21

		New Product Requests JM will chase Dr Khan again to submit treatment pathway for Acarizax to D&T for consideration **Clinical Guidelines** Calcitonin Gene Related Peptide Antagonists has been added to HERPC agenda for galcanezumab update. However needs updating again.	Ongoing Ongoing			3/21 3/21	
2021.03.05	**New Product Requests**	Lyumjev – Line Extension – M Heppel This is a super fast actin insulin lispro which endocrinology would like to be available as kwikpens and cartridges as an alternative to Humalog. JM pointed out there would be risks relating to the fact that there are two strengths of pen available. This could lead to dispensing errors and also administration errors. DC said that pharmacy were planning to increase their input into this service as they are aware not all wards are familiar with different strength insulins It was pointed out that this product would help patients with erratic lifestyles be better able to control their diabetes as they could use PRN alongside their normal insulin The committee agreed to approve and recommended that it be blue on joint formulary. Trixeo Aerosphere – Line extension – Respiratory Medicine JM presented a comparison table against the only other triple combination therapy Trimbow indicated for COPD, both are MDIs and compatible with aerochambers. But Trixeo has the advantage of not containing ethanol, has a longer in use expiry date and does not require to be stored between 2 and 8'C. AM recommended that the Airway Guidance Committee be restarted to review all the new inhalers. Bevespi Aerosphere– Line Extension – Respiratory Medicine This would be the 5th LABA/LAMA inhaler on formulary, AM said it had the advantage of being an MDI as opposed to dry powder which can agitate cough hypersensitivity in some patients. Enerzair Breezhaler – Asthma – Dr S Faruqi	Approved – traffic light status to be confirmed at HERPC JM to investigate possibility of Type 1 diabetes guideline Approved Airway guidance committee reinstated and review guidance. Approved Airway guidance committee reinstated and review guidance Approved	AM to write to applicants and WH to update formulary AM to raise updating guidance with airway guidance committee	AM/WH JM AM	4/21 4/21 4/21	

		Triple inhaler which contains mometasone which is not on formulary for this indication. The breezhaler contains a sensor device which is compatible with android/apple app at no extra cost. Application recommends use in patient with asthma patients who are poorly compliant. There are no other triple inhalers on the asthma pathway. AM said the airway guidance committee would need to review and update the pathway	Airway guidance committee reinstated and review guidance				
		Risankizumab – Plaque Psoriasis – Dr R Zaman TA 596 Although the application was not signed JM has had an email from Mr Vize approving application as Health Group Director. Risankizumab has a different mode of action to current agents. It was recommended that Risankizumab be available as third line treatment. Etanercept would remain first line followed by adalimumab and ustekinumab second line. The committee requested that the treatment pathway be updated to include Risankizumab. It was noted by KMc that guselkumab was mentioned on NPR which isn't on pathway either and this also needs updating on pathway.	Approved – AM will write to applicant and request the treatment pathway be modified to include risankizumab and guselkumab as a 3rd line agents.		AM	4/21	
		Filgotinib – Moderate to Severe Rheumatoid Arthritis in line with TA 676 Treatment pathway has DMARDS first line followed by biologics and JAK inhibitors. Filgotinib is a JAK inhibitor, currently NICE approved JAK inhibitors are recommended for severe not moderate disease Filgotinib is the first NICE recommended JAK inhibitor for moderate disease. The committee did feel that the estimated 5 – 10 patients a year was an underestimate and requested that use be reviewed in three months' time post commissioning to assess this . POB did point out that using recommendations from Model Hospital HUTH are low users of JAK treatment.	Approved – review use in 3 months post commissioning.	WH to arrange for review in 3 months post commissioning	WH	4/21	
		ARIA Forms • Entrectinib ROS1 Positive Advanced NSCLC TA643	Approved				
2021.03.06	**NICE Guidance**	TA671 Mepolizumab for treating severe eosinophilic asthma Update to TA 643 TA672 Brolucizumab for treating wet age-related macular degeneration	Noted	No further action			3/21

		On formulary TA recommends same inclusion criteria as Eyelea and Lucentis. JM will inform ophthalmology TA185 Trabectedin for the treatment of advanced soft tissue sarcoma - update NG 164 COVID-19 rapid guideline: haematopoietic stem cell transplantation – update no changes relevant to trust TA673 Niraparib for maintenance treatment of advanced ovarian, fallopian tube and peritoneal cancer after response to first-line platinum-based chemotherapy on formulary but will need copy of ARIA form TA674 Pembrolizumab for untreated PD-L1-positive, locally advanced or metastatic urothelial cancer when cisplatin is unsuitable (terminated appraisal) TA675 Vernakalant for the rapid conversion of recent onset atrial fibrillation to sinus rhythm (terminated appraisal) TA676 Filgotinib for treating moderate to severe rheumatoid arthritis –discussed under new product requests TA677 Autologous anti-CD19-transduced CD3+ cells for treating relapsed or refractory mantle cell lymphoma – unsure if this applies to HUTH JM to investigate TA678 Omalizumab for treating chronic rhinosinusitis with nasal polyps (terminated appraisal) TA679 Dapagliflozin for treating chronic heart failure with reduced ejection fraction – on formulary and AM has already discussed with Prof Clark NG189 Safeguarding adults in care homes – no drugs mentioned					
2021.03.07	**MHRA Drug Safety Update**	**February 2021** Ulipristal Acetate 5mg (Esmya):further restrictions due to risk of serious liver injury Temporary license suspension has been lifted and indication altered to intermittent treatment or use when surgery not suitable or has failed. JM has discussed with Health Group who do not wish to reinstate on formulary. Pregabalin (Lyrica):Reports of severe respiratory depression Alkindi (Hydrocortisone Granules) :Risk of acute renal insufficiency in children when switching from hydrocortisone tablet formulations to granules	Noted	No further action			3/21

		Highlights difference in bioavailability of halved tablets vs granules Medicine in Pregnancy & Breastfeeding : New initiative for consistant guidance report on optimising data for medicines used during pregnancy 16 lead organisations working together to improve womens health wish aiming to ensure a consistent message is given Covid 19 Vaccines and Medicines : Updates for February 2021					
2021.03.08	**Minutes SMPC**	None this month					3/21
2021.03.09	**Minutes from HERPC**	None this month					3/21
2021.03.10	**Regional Medicines Optimisation Committees**	None this month					3/21
2021.03.11	**Clinical Guidelines**	SARILUMAB on ITU In line with CMO letter trust aims to give Sarilumab to ITU patient and Tocilizumab to patients at ward level, the guideline is not about being restrictive the aim of the trust is to get treatment to patients on day 1. Supplies are allocated on a weekly basis based on sitrep report. Patients can still receive treatment via chairs approval if indication is outside of guidance. Guidance gives trust approval in using medicines off licence	Approved	No further action			3/21
2021.03.13	**Correspondence received**	AM had come across a letter given to a patient from the Lung Health Check Programme recommending the prescribing of statins and ezetimibe for coronary calcification that was picked up during routine CT scan. AM pointed out this was not recommended in national guidance and there was no evidence base for this treatment. The committee agreed with AM.	AM to write to Lung Health Check Programme lead and request letter be withdrawn.			4/21	
2021.03.14	**Chairs approvals**	• Cabotegravir/Rilpivirine – abdominal atypical mycobacterial infection- Dr A Samson • Fentanyl Nasal Spray – Cerebral Palsy – Louise Burnett • Granisetron- nausea and vomiting associated with gastroparesis – Matthew Heppel	Noted	No further action			3/21

2021.03.15	**Issues to escalate to OQC**	Pregabalin (Lyrica):Reports of severe respiratory depression was raised in the DSU update and how to disseminate this information across the board, it was agreed this should be discussed at next months meeting.	WH to add to April and agenda		WH	4/21	
2021.03.16	**Any Other Business**	SR ask if his new practice pharmacist could be allowed to attend D&T as a guest. The committee agreed to this.					
	Date and Time of Next Meeting	**Date:** Thursday 8th April 2021 **Time:** 8.15am-9.30am **Venue:** WEBEX					